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Addendum to
Attachment 3.1-B
Page 4(d)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitation on Amount, Duration and Scope of Services
Provided to the Medically Needy

4(c) Family Planning Services and Supplies

Family planning services and supplies are provided.

Depo-Provera contraceptive injection is a covered Medicaid service and provided without prior authorization.

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Supersedes TN **New** Effective Date JUL 1 - 1993

93-34-MA(NJ)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Limitations on Amount, Duration and Scope of Services
Provided to the Medically Needy Groups
Pregnant Women, Dependent Children, and the Aged, Blind or Disabled

5(a) Physicians' Services:

Elective cosmetic surgery is not a covered service. Exception: when significant redeeming medical necessity can be demonstrated, the Division shall consider a request from the patient's physician for prior authorization to perform such surgery.

Prior authorization is required for psychiatric services by a private practitioner, exceeding a payment of \$900 in a 12 month period. Prior authorization is required for psychiatric services rendered to Medicaid recipients in nursing facilities, licensed boarding homes, and residential health care facilities after the first \$400 of Medicaid payments for services in a 12 month period.

Prior authorization is required for the processing, preserving, and transportation of corneal tissue used for transplant surgery (keratoplasty).

Physicians will be reimbursed for certain elective surgical procedures only when a second opinion has been obtained. Second opinions are not mandatory for Medicare/Medicaid eligible recipients.

Administration of approved injectable or inhalation drugs by a physician require no prior authorization. Other unapproved injectables are not covered as a physician service, but are covered as a pharmaceutical service. This policy does not apply to immunizations.

The limitations applicable to optometrists in 6 (b) are also applicable to ophthalmologists.

Immunizations are limited according to Division guidelines as follows:

- (1) Routine childhood immunizations provided in accordance with Division guidelines;
- (2) *Post-exposure prophylaxis; or
- (3) *Selected high-risk groups.

*** Regardless of age**

Medical services, medical procedures or prescription drugs whose use is to promote or enhance fertility are not covered services.

HealthStart services are limited to pregnant women and dependent children under the age of two.

Physician services are provided for all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

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OFFICIAL

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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5(b) **Medical and Surgical Services Furnished by a Dentist:**

(The limitations are the same for physician's services (5a) and medical and surgical services performed by a dentist (5b)).

92-19-MA (NJ)

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Supersedes TN ~~Now~~ Effective Date NOV 29 1991

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6(a) **Podiatrists' Services:**

Podiatric services are provided, with the exception that routine foot care, subluxations of the foot, and treatment of flat foot conditions are not provided unless medically indicated. Drugs dispensed by a podiatrist to his own patients shall not be reimbursed.

Prior authorization required for orthopedic footwear, and foot orthotics, and for debridement of hypertrophic toenails, if done more than once every two months.

Podiatric services are available only to pregnant women and the aged, blind, or disabled.

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6(b) **Optometrists' Services:**

Both low vision work-up and vision training work-up require prior authorization.

The limitations on eyeglasses and optical appliances apply when the optometrist dispenses these items.

Optometrists' services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

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JUN 29 1992

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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6(c) **Chiropractors' Services:**

Provided but limited to manipulation of the spine.

Chiropractors' services are available only to pregnant women.

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6(d) Other Practitioners' Services:

Other practitioners' services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

Psychologists' Services:

Psychological services are provided. Prior authorization is required for services by a private practitioner exceeding total payment of \$900 in any 12-month period.

After an initial visit, prior authorization is required for psychological services rendered to Medicaid recipients in nursing facilities, licensed boarding homes, and residential health care facilities, exceeding total payments of \$400 in a 12-month period.

Services provided by a psychologist are covered and are limited to one procedure per day, exclusive of psychological testing.

Certified Nurse Practitioner/ Clinical Nurse Specialist Services:

Services by advance practice nurses are provided. When limitations are imposed upon the providing of specific services by physician providers, those same limitations exist for nurse practitioners/ clinical nurse specialists as for the other providers.

Consultations are not reimbursable.

95-23-MA (NJ)

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Home Health Services:

7(a) Part-time or Intermittent Nursing Services:

When the cost of home health care is equal to or in excess of the cost of institutional care over a protracted period (that is, six months or more), the Medicaid Program may opt to limit or deny the provision of home care services on a prospective basis.

Medicaid District Office staff periodically and on an ongoing basis shall perform case management and conduct post-payment quality assurance reviews of recipient services to evaluate the appropriateness and quality of home health services. The findings shall be communicated to the provider and may result in an increase, reduction or termination of service.

Home health services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

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Home Health Services:

7(b) Home Health Aide Services:

Same as in 7(a). In residential health care facilities, homemaker home health aide services are not provided.

Home health aide services are available to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).

92-19-MA (NJ)

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Home Health Services:

7(c) Medical Supplies, Equipment and Appliances:

Provided by or through the auspices of a home health agency:

Prior authorization is required for unusual and excessive amounts of medical supplies (more than one month's supplies) when the costs exceed certain limits.

- Durable medical equipment (DME) that is either rented or owned by the HHA cannot be billed to the NJ Medicaid Program.

DME, large amounts of medical supplies, and prosthetics and orthotics that are provided under the auspices of a home health agency require prior authorization, and is payable to the vendor/provider of the specific service, not the home health agency.

Provided by a vendor:

Prior authorization is required for selected durable medical equipment or medical supplies if the provider's charge exceeds limits established by the Division. Selected items require prior authorization regardless of the charge.

All initial prescriptions, including those for protein nutritional supplements and specialized infant formula, shall be limited to a 34-day supply and all refills shall be limited to a 34-day supply or 100 unit doses, whichever is greater.

The least expensive, therapeutically effective protein nutritional supplements or specialized infant formulas shall be dispensed if the prescriber has not indicated "brand medically necessary" on the prescription.

Selected DME is limited to used DME when readily available.

Medical supplies, equipment and appliances are provided to all three coverage groups (pregnant women, dependent children, and the aged, blind or disabled).



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